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Bib Data Sheet

CONFIRMATION NO. 1565

|   |   |                                   |   |  |
|---|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/540,114  | <b>FILING OR 371(c) DATE</b><br>05/12/2006<br><b>RULE</b>   | <b>CLASS</b><br>073               | <b>GROUP ART UNIT</b><br>2856   | <b>ATTORNEY DOCKET NO.</b><br>03438.0116 |
| <b>APPLICANTS</b><br>Solve J. Fjordingstad, Fras Technology, Oslo, NORWAY;<br>John F Reintjes, Alexandria, VA;<br>John E Tucker, Centreville, VA;<br>Lawrence L Tankersley, Annapolis, MD;  |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/NO03/00431 12/19/2003   |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>NORWAY 20026178 12/20/2002  |   |                                   |   |  |
| <b>** SMALL ENTITY **</b>   |   |                                   |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NORWAY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>15                |
|   |   |                                   |   | <b>INDEPENDENT CLAIMS</b><br>2           |
| <b>ADDRESS</b><br>22852   |   |                                   |   |  |
| <b>TITLE</b><br>In situ sampling and monitoring a fluid   |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>695   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |